

**2006-2007 COMMUNITY DEVELOPMENT BLOCK GRANT****SOCIAL SERVICE FUNDING APPLICATION**

Program Name:	
Organization/Agency:	
Street Address:	
City, State, Zip Code:	
Executive Director:	
Phone No.:	Fax No.:
Contact Name:	Contact Phone No.:
Contact e-mail:	
Federal IRS Tax Exempt #:	Amount Requested:
Is this program: <input type="checkbox"/> Existing <input type="checkbox"/> New to CDBG <input type="checkbox"/> Pilot	

1. Organizational/agency History and Goals: Please describe briefly your organization/agency, its history, primary social service delivery functions, and primary clientele.

2. Please briefly describe the activities you plan to do under this program:

3. Program need: Please describe the community need for this program and how the program fits into the community's long-range planning? Utilizing the Consolidated Plan 2005-2010 for the City of Bloomington, identify the public service category of your program and the priority need of this category. Specifically reference the Community Developmental Needs Table.  
[www.bloomington.in.gov/hand.grants.php](http://www.bloomington.in.gov/hand.grants.php) If applicable, address how your program fits into the anti-poverty strategy (page 124) or other goals and objectives outlined in the Consolidated Plan. Include your organization's capacity to successfully implement this program and why your organization needs financial assistance to implement this program.

4. Evaluation methodology/outcome measurement:

**Part A.**

a. Briefly describe your evaluation tool (include benchmarks or goals):

b. Outline the data collected for 2004:

c. What was the outcome of the data collected:

d. Were any changes made to your program based on this evaluation:

**Part B.**

**Community Development Block Grant Application  
Outcome Measurements Grid for Fiscal Year 2006-2007**

Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools/Evaluation Process
		Output Goal	Output Results	Achievement Outcome Goal	End Results	
<i>Short-term Goals:</i>						
<i>Long-term Goals:</i>						

## 5. Client Data:

**Part I. Client History**

1. In fiscal year 2004-2005, how many unduplicated clients did you serve?	
a. How many of these clients were City residents?	
b. How many of these clients were city residents and income eligible?	
2. In fiscal year 2005-2006, estimate how many unduplicated clients you will serve?	
a. How many of these clients were City residents?	
b. How many of these clients were city residents and income eligible?	
3. If you received CDBG funds for 2005-2006, what was the proposed number of activity for this fiscal year?	

**Part II. Proposed Level of Activity**

Community Development funds can only be used to reimburse for services to low and moderate income city residents. Use the following table for income information for the purpose of this section:

	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>
Low-Moderate Income	\$20,701 – 33,100	\$23,651 – 37,800	\$26,601 – 42,550	\$29,551 – 47,300	\$31,901 – 51,050
Low Income	\$12,401 - \$20,700	\$14,201 - \$23,650	\$15,951 - \$26,600	\$17,751 - \$29,550	19,151 - \$31,900
Extremely Low Income	\$12,400 or less	\$14,200 or less	\$15,950 or less	\$17,750 or less	\$19,150 or less

1. How many <b>total</b> clients do you plan to serve in fiscal year 2006-2007?	
a. Of those clients, how many of those clients will be City residents?	
b. Of those clients, how many will be city residents and income eligible?	
c. Of the City clients, how many will be low- moderate income (see above chart)?	
d. Of the City clients, how many will be low income (see above chart)?	
e. Of the City clients, how many will be extremely low income (see above chart)?	
f. Of the City clients, how many will be female head of household (see instructions for definition)?	
2. How does this compare to last year's actual numbers?	
3. What is your average per client cost?	
4. Please explain how you calculated this amount.	

Program Name\_\_\_\_\_

6. Budgetary Information: Please provide the following financial documentation:

- a) Attach a copy of your agency's last two year's Balance Sheets, Income Statements, and Statement of Cash Flows.
- b) Complete the attached budget information forms.
- c) In the last five years has your agency defaulted on a loan or been in non-compliance of a grant or any type of funding source? If yes, please explain.

**FOR NEW PROGRAMS ONLY**

7. Previous Effort: Please describe the past and current efforts of your agency to address the problem for which funding is sought. Identify the steps already taken by the community and/or your agency and those remaining to be taken to successfully address this problem. Include information relating to past successful outcomes if it is available.

Program Name\_\_\_\_\_

## 8. Program Budget

Show Program fiscal budget (not entire agency)

<b>Budget Program Expenditures</b>	<b>Past Year 2004/2005</b>	<b>Current Year 2005/2006</b>	<b>Proposed Budget 2006/2007</b>	<b>Amount of CDBG funds per line item</b>
Salaries				
Employee Benefits/Taxes				
Consultant Services				
Office supplies				
Postage				
Printing and Publications				
Travel				
Conferences & Conventions				
Membership Dues				
Utilities				
Rent				
Equipment Rental/ Maintenance				
Equipment Purchase				<b>Not Eligible</b>
Specific Assistance to Individuals				
Other (explain)				
<b>Total Budget Expenditures</b>				

Other:

Program Name \_\_\_\_\_

**9. List all sources of income to be used to fund this program**

<b>Program Income Source</b>	<b>Actual 2004/2005</b>	<b>Current Year 2005/2006</b>	<b>Proposed Budget 2006/2007</b>
<b>CDBG</b>			
<b>United Way</b>			
<b>County</b>			
<b>Fundraising</b>			
<b>Other Federal or State funds</b>			
<b>Other (list)</b>			
<b>Total Budgeted Income</b>			

**Other:**

**10. List other grants and sources of funds that the agency has or will apply. Include the dollar amount and the status of the request. January 1, 2005 to present.**

<b>Source of Funds</b>	<b>Funding Period</b>	<b>Amount of Request</b>	<b>Status</b>



Program Name \_\_\_\_\_

**11. List any fundraising activities. Please include how the funds were solicited and the amount raised. January 1, 2004 to December 31, 2004.**

Source of funding	How funds were solicited	Time Period of Fundraising	Amount Raised
			Total:

**12. List any current or future fundraising activities. January 1, 2005 to present.**

Amount to be Raised	How funds will be solicited	Time Period of Fundraising
Total:		

Program Name \_\_\_\_\_

**13. List all staff who will work on the program, indicating whether the staff member is full time (FT) or part time (PT).**

<b>Position/Title</b>	<b>FT/PT</b>	<b># of Hours per Week chargeable to this Program</b>	<b>Salary amount chargeable to this program</b>	<b>Portion of salary to be paid by CDBG</b>